

General

All entries must be completed in black ink.

Section 1

This section is to be completed by the job supervisor or designated alternate, who is responsible for the conduct of the overall work activity.

All spaces for job information must be filled out in legible manner. Enter N/A (not applicable) as appropriate.

The job title and description must clearly identify the work to take place.

Separate permits may be required for multiple tasks by different workers.

Note: Form 432.30, Construction Work Authorization, local facility procedures, or facility management/supervision may specify the permit duration and expiration date/time.

Maximum permit duration is four weeks. One extension is allowed, provided that hazard conditions do not change, for up to the same period originally specified on the permit, but not to exceed a total of four weeks. (For example, a one day permit can only be extended one additional day, while a three week permit can be extended no more than one additional week.) If an extension is necessary to complete the job beyond the time approved, all required information and approvals identified on the permit must be reviewed. The reviewer's or alternate's initial and date adjacent to the original signature is sufficient to indicate review and re-approval.

Copies made for facility or field use must be marked or stamped with the word "copy".

Note: Work is not to proceed if the requirements identified cannot be followed or if other safety hazards exist that have not been addressed in this permit. New employees may be added to the SWP without obtaining revision or approval but they must receive an equivalent pre-job briefing as given to previous employees listed on the SWP.

Description of Hazard

Check either a Y for yes or a N for no in the box adjacent to each listed hazard.

For No. 5, Chemical., list specific chemical(s) that may be encountered or may present a health or safety concern.

If the hazard description is not listed, identify the hazard on line No. 16, Other.

Protection Requirements

Mark boxes and additional requirements under Other, as appropriate. Where multiple choices exist per box, circle one or more of the protective requirements to show which option(s) has been chosen.

If an appropriate protective requirement is not listed, provide the appropriate protection requirement in the "Special Instructions/Other Protection" area.

SAFE WORK PERMIT

Site: _____ (CPP, TRA, RWMC, etc.) ☐ Construction ☐ Operations No.: _____

Section I - To Be Completed By Job Supervisor

Emergency Contact/Phone: INEEL Site: 777; Idaho Falls: 9-911; Other: _____

Job Supervisor/Company: _____ Phone: _____

Project Manager: _____ Phone: _____

Work Order/Contract No.: _____ Job Location (Bldg. & Rm.): _____

Job Title/Description (Be Specific): _____

Start Date/Time: _____ Expiration Date/Time: _____ Extended To: (Date/Time) _____

DESCRIPTION OF HAZARD

Y	N		Y	N		Y	N		Y	N			
<input type="checkbox"/>	<input type="checkbox"/>	1. Dust/Mists/Fumes	<input type="checkbox"/>	<input type="checkbox"/>	5. Flammable/Combustible	<input type="checkbox"/>	<input type="checkbox"/>	7. Height - Elevated	<input type="checkbox"/>	<input type="checkbox"/>	11. Heat/Cold		
		List: _____			Material			Work			<input type="checkbox"/>	<input type="checkbox"/>	12. Noise
<input type="checkbox"/>	<input type="checkbox"/>	2. Chemical	<input type="checkbox"/>	<input type="checkbox"/>	6. Energy	<input type="checkbox"/>	<input type="checkbox"/>	8. Hoisting & Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Repetitive Motion
		List: _____			<input type="checkbox"/> Steam <input type="checkbox"/> Electrical	<input type="checkbox"/>	<input type="checkbox"/>	9. Excavation *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Radiation/Contamination*
<input type="checkbox"/>	<input type="checkbox"/>	3. Hazardous Atmosphere			<input type="checkbox"/> Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	10. Confined Space *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Laser
<input type="checkbox"/>	<input type="checkbox"/>	4. Welding, Cutting, Grinding, Burning			<input type="checkbox"/> High Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Permit Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other: _____
					<input type="checkbox"/> Temperature	<input type="checkbox"/>	<input type="checkbox"/>	Non-Permit Required					

*Other permits may be required

PROTECTION REQUIREMENTS

<input type="checkbox"/> 1. Personal Protective Equipment (PPE) <input type="checkbox"/> Head: _____ <input type="checkbox"/> Head <input type="checkbox"/> Other: _____ <input type="checkbox"/> Eye/Face <input type="checkbox"/> Safety Glasses w/Sideshields <input type="checkbox"/> Chemical/Burning Goggles <input type="checkbox"/> Face Shield/Welding Shield <input type="checkbox"/> Other: _____ <input type="checkbox"/> Body: _____ <input type="checkbox"/> Chemical <input type="checkbox"/> Thermal <input type="checkbox"/> Coveralls <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hands: _____ <input type="checkbox"/> Acid Resistant <input type="checkbox"/> Solvent Resistant <input type="checkbox"/> Oil Resistant <input type="checkbox"/> Leather <input type="checkbox"/> Abrasion, Cut & Tear Resistant <input type="checkbox"/> Temperature Resistant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Foot: _____ <input type="checkbox"/> Safety Shoes/Boots <input type="checkbox"/> Leather Above Ankle <input type="checkbox"/> Other: _____ <input type="checkbox"/> 2. Electrical/Mechanical Work <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Justification for Live Work <input type="checkbox"/> Personal Protective Equipment/Specify: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> 3. Respiratory <input type="checkbox"/> Supplied Air <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> Other: _____ <input type="checkbox"/> Escape Bottle <input type="checkbox"/> Air Purifying <input type="checkbox"/> Full Face <input type="checkbox"/> Half Face Cartridge/Canister Specify: _____ <input type="checkbox"/> 4. Fire Protection General <input type="checkbox"/> Deactivate Fire Alarms (Notification Req.) <input type="checkbox"/> Equipment in Good Repair <input type="checkbox"/> Extinguisher Type: _____ <input type="checkbox"/> Inspect Area Precautions <input type="checkbox"/> Remove/Protect Combustibles, Within 35' <input type="checkbox"/> Purge/Clean Containers Fire Watch <input type="checkbox"/> Additional Person Required <input type="checkbox"/> Trained on Equipment, Alarms, Fire Reporting <input type="checkbox"/> Remain 30 Minutes After End of Hot Work <input type="checkbox"/> Other: _____	<input type="checkbox"/> 5. Hoisting and Rigging <input type="checkbox"/> Tag Lines <input type="checkbox"/> Equipment Inspection <input type="checkbox"/> Critical Lift/Person-in-Charge <input type="checkbox"/> Other: _____ <input type="checkbox"/> 6. Excavation <input type="checkbox"/> Sloping/Shoring <input type="checkbox"/> PE License Required <input type="checkbox"/> Barricading <input type="checkbox"/> Other: _____ <input type="checkbox"/> 7. Elevated Work/Open Hole <input type="checkbox"/> Guardrail <input type="checkbox"/> Travel Restriction <input type="checkbox"/> Fall Protection Plan <input type="checkbox"/> Fall Arrest <input type="checkbox"/> Other: _____ <input type="checkbox"/> 8. Support Help <input type="checkbox"/> Backup Person <input type="checkbox"/> Equipment <input type="checkbox"/> Communication: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> 9. Special Equipment <input type="checkbox"/> Rescue <input type="checkbox"/> Signs/Barricades <input type="checkbox"/> Ventilation <input type="checkbox"/> Lighting <input type="checkbox"/> Other: _____ <input type="checkbox"/> 10. Special Requirements <input type="checkbox"/> Drain and Flush <input type="checkbox"/> Bleed/Blank/Blind <input type="checkbox"/> Glove Bag <input type="checkbox"/> Work/Rest Regime <input type="checkbox"/> Heat/Cold Stress Stay Times <input type="checkbox"/> Other: _____
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Special Instructions/Other Protection: _____